

Correspondence

Eosinophilic Meningitis

TO THE EDITOR: We read with interest the article by Fuller and colleagues, "Eosinophilic Meningitis Due to *Angiostrongylus cantonensis*."¹ In their useful discussion of causes of cerebrospinal fluid eosinophilia, the authors omitted fungal infections of the central nervous system, particularly coccidioidal meningitis, as a cause of eosinophilic meningitis. We recently reported 3 cases of eosinophilic meningitis caused by coccidioidal meningitis,² and in a retrospective review of 27 cases of coccidioidal meningitis at Kern Medical Center in the southern San Joaquin Valley in California, we found that 9 (30%) patients had eosinophilic meningitis according to Kuberski's criteria of more than 10×10^6 per liter of eosinophils in the cerebrospinal fluid.³ Accordingly, we concluded that meningitis caused by *Coccidioides immitis* is probably the most common cause of eosinophilic meningitis in endemic regions. As helminthic infections in general and *A cantonensis* specifically are unusual occurrences in the United States and are limited to rare cases among immigrants to this country, coccidioidal infection should also be considered.

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3. Ragland AS, Arsura EL, Ismail Y, Johnson R: Eosinophilic pleocytosis in coccidioidal meningitis: Frequency and significance. Am J Med 1993; 95:254-257

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Dr Fuller Responds

TO THE EDITOR: I thank Drs Ismail and Arsura for bringing to my attention coccidioidal meningitis as a cause of eosinophilic meningitis. I read their recent article with interest.¹

Coccidioides immitis is not found in Australia or the Pacific region, but most certainly should be considered in California as the most likely cause of eosinophilic meningitis.

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Posthypnotic Suggestion

TO THE EDITOR: I read with fascination the article, "Effect of Preoperative Suggestion on Postoperative Gastrointestinal Motility," by Disbrow and colleagues in the May 1993 issue.¹ It is a little disconcerting that the effort was not properly labeled as the effects of "posthypnotic suggestion" because that is certainly what took place. When a person's mind is concentrated—as it would be in a surgical setting—and he or she is given a suggestion that is accepted, that is called hypnosis.

I am bothered by the confusion in the article and in the editorial by Witte and Witte² over conscious versus subconscious thoughts that influenced the results. It was the subconscious acceptance of the suggestions and not conscious thoughts that provided the positive results. Hypnotic suggestions work only through subconscious control. After all, in the article on suggestions under anesthesia referred to by Witte and Witte,³ the patients could not have had a conscious thought because they were unconscious.

Also, concerning the preoccupation with the Stanford Clinical Hypnosis Scale scores, everyone is suggestible to some degree through hypnosis. After all, who has not had the experience of driving on the freeway and suddenly becoming aware that they had driven 20 miles without realizing it? Their mind was superconcentrated in a hypnotic trance, and when they woke up, they had amnesia for the distance traveled.

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Drs Disbrow, Bennett, and Owings Respond

TO THE EDITOR: As Dr Tayloe has ascertained, the intervention used in our article could be called a posthypnotic suggestion. We feel this distinction is unnecessary, however. Whether patients are in a hypnotic state or not, the results of our study are the same. We did not use the term hypnosis because we did not induce a special state of consciousness. Instead, we incorporated the essential aspects of hypnosis that make it effective for altering physiologic functioning and that were already present in the hospital environment.

The intervention was based largely on the writings of Barber, who defined hypnosis as "a situation in which individuals are purposefully guided by carefully chosen words and communications (suggestions) to 'let go' of ex-